

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**


Susan Shoemaker, : No.: 08-014-SLR
Plaintiff, :
 :
 : Civil Action
v. :
 :
Chelcie McConnell and Stacey McConnell, :
Defendants. :

AFFIDAVIT OF MAILING

STATE OF DELAWARE)
) SS
COUNTY OF NEW CASTLE)

I, Vincent J. X. Hedrick, II, being duly sworn do depose and state as follows:

1. I am the attorney for Plaintiffs Susan Shoemaker in this action.
2. On April 14, 2008, I caused to be mailed by certified mail, return receipt requested, a copy of the Summons and Complaint filed in the above entitled action.
3. As evidenced by the return receipt attached hereto as Exhibit A, service was accepted by Defendant Stacey McConnell on April 19, 2008.



Vincent J. X. Hedrick, II

SWORN TO AND SUBSCRIBED before me a Notary Public for the State and County
aforesaid, this 24th day of April, 2008.



Notary Public

**KRISTINE M. WINNER
NOTARY PUBLIC
STATE OF DELAWARE
My commission expires Oct. 24, 2011**

EXHIBIT A

4889 9992 9000 0142 2002 7002 2410 0006 7668 8384

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

NO OFFICIAL USE

Postage	\$ /
Certified Fee	/
Return Receipt Fee (Endorsement Required)	/
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

APR 14 2008
 POSTMARK HERE
 WILMINGTON DE 19801
 USPS

Sent To: **Stacey McConnell**
 Street, Apt. No.,
 or PO Box No. **2234 Forrest Ridge**
 City, State, ZIP+4 **Hebron, OH 43025**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Stacey McConnell 2234 Forrest Ridge Hebron, OH 43025</p>		<p>B. Received by (Printed Name) Cheryl McConnell</p> <p>C. Date of Delivery 4-19-08</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>APR 23 2008</p>	
		<p>3. Service type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7002 2410 0006 7668 8384</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	